

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL078067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/09/2016</b>
---	---	---	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**MORNING STAR AL #4**

**941 GOINS ROAD  
PEMBROKE, NC 28372**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments  Report of a Biennial Survey by Billy S. Bryant conducted on 06/09/2016.  Records indicate this facility was first licensed on 08/03/1992 as a 12 bed Assisted Living facility and since 2008 has operated as a 12 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1991(1992 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1991 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;  This Rule is not met as evidenced by:	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL078067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/09/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>MORNING STAR AL #4</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>941 GOINS ROAD PEMBROKE, NC 28372</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 101	Continued From page 1  1. Based on observation the facility does not meet building code requirements in effect at the time of conversion or alteration for a special care unit with a special locking system.  Finding on 06/09/2016: a. The key for the manual override on the special locking system did not work on 2 out of the 3 doors.  b. Each staff member responsible for evacuation did not have a key to operate the manual override system.	C 101		
C 111	Must Have Current San. & Fire Safety Reports  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: 1. Based on an interview with the provider, sanitation and fire and building safety inspection reports were not available for review by the surveyor.  Finding on 06/09/2016: a. A current building sanitation inspection report, fire official's inspection report, fire sprinkler system inspection report and fire alarm inspection report were not available for the surveyor's review at the time of the inspection.	C 111		
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL078067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/09/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>MORNING STAR AL #4</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>941 GOINS ROAD PEMBROKE, NC 28372</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 164	<p>Continued From page 2</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation the wall, doors, and door frames have not been kept clean and in good repair.</p> <p>Findings on 06/09/2016:</p> <p>a. Throughout the facility doors, door frames are scarred or damaged and in need of repair. Specific examples are listed but not limited to the following:</p> <p>Exterior Sprinkler Room - The metal door is rusted</p> <p>Resident Rooms - Door from rooms to corridors</p> <p>Visitor 's Men's Room - The door frame is damaged at the latch strike plate.</p> <p>Dining Room - The paint is peeling from the door.</p> <p>Resident Room - The door facing is detaching from the door stile.</p> <p>2. Based on observation the ceilings have not been kept clean and in good repair.</p> <p>Findings on 06/09/2016:</p> <p>a. Ceiling Near Men's Room - The HVAC grille and radiation damper above the grille are clogged with dust.</p> <p>b. Dining Room - The HVAC grille and radiation</p>	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL078067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/09/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>MORNING STAR AL #4</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>941 GOINS ROAD PEMBROKE, NC 28372</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 164	Continued From page 3  damper above the grille are clogged with dust.  c. Laundry - The exhaust grille and radiation damper above the grille are clogged with dust.  3. Based on observation the floors have not been kept clean and in good repair. a. Main Hallway - VCT floor tiles are cracked and damaged.  b. Laundry - VCT floor tiles are missing.  c. Kitchen - VCT floor tiles are cracked and damaged.  d. VCT tile wall base is damaged.  4. Based on observation the resident room furniture and other furnishings are worn and damaged.  Finding on 06/09/2016: a. Resident room night stand drawers were missing or were off the drawer slide rails.  b. Resident room dresser finishes are worn and marred.	C 164		
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL078067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/09/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>MORNING STAR AL #4</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>941 GOINS ROAD PEMBROKE, NC 28372</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 166	Continued From page 4  This Rule is not met as evidenced by: 1. The facility has not been maintained in an uncluttered clean and orderly manner.  Findings on 06/09/2016: a. The exterior sprinkler room floor slab has a material spilled on the floor is causing a corrosive reaction on the fire sprinkler piping and the metal door to the room which are rusting.  b. Resident Room and Public Area Rooms and Spaces - Floors need cleaning and waxing.  c. Adjacent to Laundry - Electrical panels are obstructed by stored items.  2. Based on observation the facility is not maintained in a manner that is free of hazards;  Finding on 06/09/2016: a. The fire alarm control panel in building #2 was in a locked room and could not be accessed because a key to the lock was not available to the staff.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the	C 185		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL078067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/09/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>MORNING STAR AL #4</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>941 GOINS ROAD PEMBROKE, NC 28372</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 185	Continued From page 5  shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on an interview with the provider the facility did not comply with the rule to maintain records of fire drill rehearsals.  Finding on 06/09/2016: a. Records of fire drill rehearsals were not available for the surveyor's review at the time of the inspection.	C 185		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain electrical emergency/safety related equipment in operating condition. This could effect occupants of the facility if exits and corridors were not illuminated during a power outage.  Finding on 06/09/2016: a. The combination directional exit	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL078067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/09/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>MORNING STAR AL #4</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>941 GOINS ROAD PEMBROKE, NC 28372</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 6  light/emergency light is not working.  b. Dining Room - The wall mounted emergency light did not work when tested.  2. Based on observation the facility was not maintained in a safe manner by a failure to maintain fire safety equipment in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment could not function as needed.  Findings on 06/09/2016: a. Fire Extinguishers - Monthly checks of the extinguishers are not being conducted.  b. Med Room - The radiation damper is damaged.  2. Based on observation there is a failure to maintain plumbing furnishings in operating condition.  Finding on 06/09/2016: a. Small Restroom - The cold water knob for the sink faucet is missing.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and	C 191		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL078067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/09/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>MORNING STAR AL #4</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>941 GOINS ROAD PEMBROKE, NC 28372</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 191	Continued From page 7  portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation the facility failed to comply wit the rule prohibiting portbale electrical heaters.  Finidng on 06/09/2016: a. Exterior Fire Sprinkler Room - Two portable heaters were in use in the room.	C 191		
C 195	Hot Water System  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observations the facility failed to provide an adequate supply of hot water to all fixtures used by the residents between 100°F and 116°F .  Finding on 06/09/2016:	C 195		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL078067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/09/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>MORNING STAR AL #4</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>941 GOINS ROAD PEMBROKE, NC 28372</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 195	Continued From page 8  a. Water temperatures taken at four different locations used by residents showed resulting water temperatures at a low of 94°F and a high of 97°.	C 195		